

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14867

State File No.

No. 300
10.48

FILED MAY 2 1953

BIRTH NO.		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>6-L-5:4</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>				c. LENGTH OF STAY (in this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Los Angeles 8040</u>			
d. STREET ADDRESS (If rural, give location) <u>642 W 94th St. 8</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jacob</u>		b. (Middle) <u>Schwarzen Bruner</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>22</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown 9</u>		12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown Unknown</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records Found in Possession</u>		ADDRESS		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and Multiple Compromised</u> DUE TO (c) <u>Fracture of Both Legs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Junction Hwy. 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Lawrence MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-23-1953 6:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Accident</u>		22. I hereby certify that I attended the deceased from <u>7:00 p.m. to 10:00 p.m.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Death - instant</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>H. S. Fossett</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Intervention</u>	
23c. DATE SIGNED <u>4-23-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg Pa.</u>	
24d. LOCATION (City, town, or county) (State) <u>Pittsburg Pa.</u>		DATE REC'D BY LOCAL REG. <u>4-24-1953</u>		REGISTRAR'S SIGNATURE <u>W. S. Burdette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Lerman</u>	
ADDRESS <u>Milburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Lerman</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 17 1953

APR 26 1953

SEP 11 1953

MAY 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. R. Leiman

Licensed Embalmer No. 0287

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.